

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3	1					
4		1				
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50						
TOTAL IND.	1					
TOTAL DEP.	1	↔	↔	↔		
TOTAL CLAIMS	2	↔	↔	↔		

	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.		↔	↔	↔		
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS		↔	↔	↔		